

PART I

LOBBYIST

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

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STATE OF HAWAI STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

NAME(Last) Tsujimura	(First) Rick	(Middle)	TELEPHONE 521-9500
· eaginium	. von		
MAILING ADDRESS (Street)			FAX
745 Fort Street Mall, 17 th Floor			541-9050
(0.1.)	(0)-1-)	/7'-	
(City) Honolulu,	(State) Hawaii	(ZIP 968	Code) 13
EMPLOYING ORGANIZATION (Fill in only if y N/A	ou are employed by a business en	tity which has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
MAILING ADDITEGO (Glicet)			1793
(City)	(State)	(Zip	Code)
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY Mortgage Bankers Association of Hawaii	FOR (Do not abbreviate)		TELEPHONE 372-8358
MAILING ADDRESS (Street)	2. Part 20		FAX 356-4001
c/o Gayle Ishima, Hawaii HomeLoans, P.0	J. BOX 30		330-4001
(City)	(State)	(Zip	Code)
Honolulu	Hawaii	968	10
NAME OF PERSON RESPONSIBLE FOR PRI Gayle P. Ishima	EPARING ORGANIZATION'S EX	(PENDITURES STATEMENT	TELEPHONE 372-8358
MAILING ADDRESS (Street)			FAX
P.O. Box 30			356-4001
(City)	(State)	(7in	Code)
(City) Honolulu	Hawaii	968	10

PART III DESCRIPTION	OF SUBJECTS UPON WHICH	YOU EXPECT TO LOBBY			
[] Agriculture [] Communications & Public Utilities [x] Consumer Protection & Commerce [] Culture, Arts, Historic Preservation [] Ecology, Energy Environmental Protection	[] Education [] Government Operations & Finance [] Hawaiian Affairs [] Health [] Housing	[] Human Services [] Intergovernmental Relations, International Affairs [] Labor & Employment [] Planning, Land & Water Use Management [] Public Safety & Corrections	[] Science, Technology & Economic Development [] Tourism & Recreation [] Transportation [] Other: (indicate below)		
PART IV CERTIFICATIO	N OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and company 12/17/04 (Signature of Lobbyist) (Date)					
	Cogniture of Lobbyist)		(Dato)		
PART V AUTHORIZATION TO LOBBY					
NAME Gayle Ishima TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President					
NAME OF ORGANIZATION (if applicable) Mortgage Bankers Association of Hawaii			LEPHONE 2-8358		
MAILING ADDRESS (Street) c/o Hawaii HomeLoans, P.O. Box 30			X 6-4001		
(City) Honolulu	(State) (Z Hawaii 96)		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Garle P. Dunes			12/17/04		
(Signature of Authorizing Officer or Person Represented) (Date)					